

polyphenols. A Japanese study found that the polyphenol of green apples grows hair. According to the Examiner's logic, green apples can be used to treat asthma. This could be true but is not obvious or ever considered.

Perricone alleges that polyphenol works because it is a free radical scavenging agent and is an antioxidant which is different from cromolyn that is a par-2 antagonist.

Henley et al teaches use of electrokinetic delivery of cromolyn to treat fungus. There is not seen any motivation for one skilled in the art to apply electrokinetic energy to the teaching of Lezdey et al which relates to topically treating burns with cromolyn in order to provide a better laying down of tissue.

Fungus, diaper rash and decubitus ulcers cannot solve a problem relating to burns and vice versa. Burns are not related to diaper rash and decubitus ulcers. The only connection would be by the Examiner's hindsight that cromolyn does help decubitus ulcers and diaper rash. Burns relate to damaged and degraded skin. Decubitus ulcers and diaper rash relate to tissue injury by bacteria and pH to form a rash. A rash is not expected in burns.

With the large catalog of medicaments, Henley can treat every disease. Henley mentions five pages of different medications and treats every disease to avoid an injection. One in the art cannot choose from the large catalog on how to treat decubitus ulcers or diaper rash.

Consequently there is no motivation to consider Lezdey et al and Henley et al. Henley does not mention decubitus ulcers or any bacterial diseases. However, both decubitus ulcers and diaper rash are found in the very young and very old people in

whom alpha 1-antitrypsin is usually found in low amounts. Alpha 1-antitrypsin can treat burns, diaper rash and decubitus ulcers. It is also a par-2 and par-3 antagonist. However, cromolyn differs from alpha 1-antitrypsin and is chemically different and cheaper so as to be non-obvious from alpha 1-antitrypsin. The Examiner is reminded that the invention relates to the use of cromolyn in any carrier. Cyclodextrin is only one of the carriers. Water alone works well but cyclodextrin works faster. Patentability of claim 12 is dependent upon the patentability of claim 13.

Weiner et al relates to enhancing minoxidil to grow hair. Cyclodextrin enters hair roots. How does this activity relate to rashes which are on the skin surface and unrelated to hair.

With regard to the Gray article, it cannot see the relevance of baby hairs which fall out after three months to have with regard to diaper rash and decubitus ulcers. Hairs do not cause diaper rash or decubitus ulcers. Moreover, there is no analogy between a scalp treated with minoxidyl to preserve hair and rashes. Penetration to hair roots does not relate in any way to skin rashes.

The Lezdey et al references relate to a combination of components. Cromolyn alone does not treat burns. Cromolyn and water does not treat burns. Cromolyn and cyclodextrin would likely cause injury to burn patients by causing toxins to penetrate. Cromolyn with amniotic fluid and hylauronic acid treats burns. Without the amniotic fluid, cromolyn would have negative effects. Without the hylauronic acid there would be slow healing.

The Examiner cannot isolate the necessary components of Lezdey et al when it is only the combination that is effective. The Examiner has no valid evidence that cromolyn would work alone in treating burns. The patent and trademark office substantiates applicant's position by granting a patent on the combination when cromolyn was known to act alone as a PAR-2 antagonist.

Consequently, Lezdey et al does not teach or suggest that cromolyn in a simple carrier such as water could be used to cure the rash caused by bacteria and pH.

In summary, Lezdey et al by itself does not teach or suggest treatment of diaper rash and decubitus ulcers. There is no reason to consider burns as related to rashes.

Henley et al treatments relate to fungal infections and not to rashes caused by pH and bacteria. Henley et al relates to the use of an electrical device which is different from a topical application in a carrier. Anti-fungal agents are not anti-bacterial agents. Henley does not relate to treating decubitus ulcers with cromolyn.

Perricone et al adds nothing to either Lezdey et al or Henley et al. Knowledge of polyphenol does not contribute to treating burns or fungal infections. It appears that the Examiner considers polyphenols to be equivalent to cromolyn.

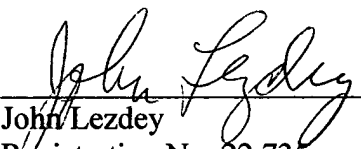
Weiner adds nothing to Lezdey et al or Henley et al since it merely teaches enhancing the activity of minoxidil to grow hair.

Gray is obviously unrelated to treating skin and adds nothing to Lezdey et al or Henley et al. It is irrelevant standing alone to the technology of any of the references. There is no motivation in any reference to consider either Weiner or Gray in connection with treating decubitus ulcers and/or diaper rash.

In conclusion, the Examiner has not considered the invention as a whole but has taken isolated teachings from the prior art and has attempted to arrive at the present invention. Simplified, the Examiner has not demonstrated the prior art teachings relates to treating diaper rash and/or decubitus ulcers by the application of cromolyn and water alone.

Reconsideration and favorable action is earnestly solicited.

Respectfully submitted,



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